

SECTION 9
ATTACHMENT E
Hardcopy Version of Assurances and Submittals

It is the responsibility of the Qualified Vendor to have knowledge of and comply with all applicable Federal and State requirements throughout the term of this agreement.

NOTE: This hardcopy version includes the most updated version of Federal and State requirements as of January 2011. This document differs from the Assurances and Submittals section of the electronic application which has not been updated since 2003. A signed copy of this document is required as of January 1, 2011. All applicants will need to complete and submit this hardcopy version prior to an Agreement award in addition to the hardcopy version printed and signed from the Qualified Vendor Application and Directory System (QVADs) electronic application version. Whenever there is a change to any of the information on either the electronic or this hardcopy version of Assurances and Submittals, the Qualified Vendor must submit an updated signed document.

INSTRUCTIONS:

The Applicant must respond to each of the following items and attach hardcopies of the applicable submittals. The submittal shall indicate the item number to which it corresponds and also include the Applicant's Federal Employer Identification Number (FEIN).

The Applicant's authorized signatory must sign the original. Failure to submit required documentation may result in non-consideration for a Qualified Vendor Agreement. Failure to comply with requirements subsequent to a Qualified Vendor Agreement may result in no payment authorizations to the Qualified Vendor.

QUALIFIED VENDOR APPLICATION ASSURANCES AND SUBMITTALS

1. Does the Applicant agree to maintain and comply with all certification(s) and/or registration(s) required by Arizona law, rules, or policy for the provision of each developmental disability service applied for? (*Also Electronic*)

☐ Yes ☐ No

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2. Does the Applicant understand that payment will not be made for services delivered prior to the effective date of certification(s) and/or registration(s) required by Arizona law, rules, or policy? (*Also Electronic*)

☐ Yes ☐ No

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3. Does the Applicant agree to obtain, maintain, and comply with any licenses required by Arizona law, rules, or policy for the provision of a developmental disability service applied for? (*Also Electronic*)

☐ Yes ☐ No

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4. Does the Applicant understand that payment will not be made for services delivered prior to the effective date of any license required by Arizona law, rules, or policy? (*Also Electronic*)

☐ Yes ☐ No

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5. Has the Applicant or any of its directors, officers, owners, or key personnel had a community developmental disability service or similar service license(s), certification(s) and/or registration(s) revoked, denied or suspended in Arizona or in other states within the past five (5) years? (*Also Electronic*)

☐ Yes ☐ No

- If yes, **submit** an explanation and current status.

☐ Yes ☐ No

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6. Has the Applicant or any of its directors, officers, or owners terminated any contracts for cause, had any contracts terminated for cause or been involved in a contract lawsuit related to community developmental disability services or similar services in Arizona or in another state within the past five (5) years? (*Also Electronic*)

☐ Yes ☐ No

- If yes, **submit** a detailed description of such terminations or lawsuits.

☐ Yes ☐ No

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7. Are there any suits or judgments pending or entered [within the last five (5) years] against the Applicant or its directors, officers, owners, or key personnel related to the provision of community developmental disability services or similar services in Arizona or in other states? (*Also Electronic*)

☐ Yes ☐ No

- If yes, **submit** a summary of those suits or judgments and describe actions the Applicant has taken to prevent future suits or judgments.

☐ Yes ☐ No

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8. Has the Applicant or any of its directors, officers, owners, or managers been convicted of a criminal offense related to Medicare, Medicaid, or the State Children's Health Insurance Program? (*Also Electronic*)

☐ Yes ☐ No

- If yes, **submit** information on the person and the conviction.

☐ Yes ☐ No

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9. Have any of the Applicant's key personnel been convicted of a felony within the past 15

(fifteen) years? (*Also Electronic*)

☐ Yes ☐ No

- If yes, **submit** information on the key personnel and the conviction.

☐ Yes ☐ No

10. Has any federal or state agency ever made a finding of noncompliance with any civil rights requirements with respect to the Applicant? (*Also Electronic*)

☐ Yes ☐ No

- If yes, **submit** an explanation.

☐ Yes ☐ No

11. If the Applicant is a corporation, does it own or is it owned by a corporation, and/or is it affiliated with a corporation? (*Also Electronic*)

☐ Yes ☐ No

- If yes, **submit** an organizational chart that demonstrates ownership and/or corporate affiliations.

☐ Yes ☐ No

12. Does the Applicant or any of the Applicant's officers or administrative staff have a relative as defined in A.R.S. § 38-502 who is an employee of the Division with direct or indirect responsibility for the purchasing, authorizing, monitoring or evaluating of community developmental disability services or vendors? (*Also Electronic*)

☐ Yes ☐ No

- If yes, **submit** a statement disclosing the conflict or potential conflict of interest.

☐ Yes ☐ No

13. Is the Applicant required to make a full written disclosure pursuant to the provision of Section 6.4.9 (Substantial Interest Disclosure)? (*Also Electronic*)

☐ Yes ☐ No

- If yes, **submit** a full written disclosure of the proposed payments and amount.

☐ Yes ☐ No

14. Has the Applicant, its directors, or officers been debarred, suspended or otherwise lawfully prohibited from any public procurement activity, or does the Applicant employ, consult, subcontract with or otherwise reimburse for services any person substantially involved in the management of another entity that is now debarred, suspended or otherwise lawfully prohibited from any public procurement activity? (*Also Electronic*)

☐ Yes ☐ No

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15. Is a suspension or debarment currently pending? (*Also Electronic*)

☐ Yes ☐ No

- If yes, **submit** an explanation.
☐ Yes ☐ No

16. Has the Applicant submitted a current Arizona Substitute W-9 form (Request for Taxpayer Identification and Certification)? (*Also Electronic*)

☐ Yes ☐ No

17. Does the Applicant certify that it did not engage in collusion or other anti-competitive practices in connection with the preparation or submission of the Application? (*Also Electronic*)

☐ Yes ☐ No

18. All amendments (if any) to the Request for Qualified Vendor Applications (RFQVA) that have been issued are acknowledged by a signature and the signature page of the amendment are submitted with the hardcopy application. (*Also Electronic*)

☐ Yes ☐ No

19. The applicable document (as required in the Qualified Vendor Terms and Conditions) described below is submitted: (*Also Electronic*)

☐ Yes ☐ No

- (1) A complete audited financial statement. **Submit** a copy of the Management Letter and Auditor's Opinion from external auditors which were prepared in conjunction with the most recent annual audit. If the Management Letter or Auditor's Opinion identify any findings or concerns, include a brief description of any corrective action(s) taken to resolve them. If no audit has been performed provide an explanation why not and **submit** a copy of the most recent annual financial statements and current bank reference(s).

☐ Yes ☐ No

- (2) For Applicants that do not have an audited financial statement

- (a) A corporate financial statement; or
☐ Yes ☐ No

(b) If a newly formed corporation, the corporate business plan with the personal financial statements of the Director or Chief Executive Officer; or
☐ Yes ☐ No

(c) If not a corporation, the personal financial statements of the owners or partners; or
☐ Yes ☐ No

(d) If a new entity, a completed Business Plan (See Attachment 9.H.)
☐ Yes ☐ No

20. Are there any judgments, tax deficiencies or claims pending or entered against the Applicant that would require disclosure in an audited financial statement or that would affect the financial stability of the Applicant? (*Also Electronic*)

☐ Yes ☐ No

- If yes, **submit** a disclosure statement.
☐ Yes ☐ No

21. Is the Applicant submitting the Certificates of Insurance required by Section 6.7.6 with the hardcopy of the application? (*Also Electronic*)

☐ Yes ☐ No

22. If the Applicant is not submitting the Certificates of Insurance required by Section 6.7.6 with the hardcopy of the Application, does the Applicant certify that it will submit the required Certificates of Insurance prior to accepting a referral or providing a service? (*Also Electronic*)

☐ Yes ☐ No

23. Has the Applicant declared bankruptcy within the last seven (7) years? (*Also Electronic*)

☐ Yes ☐ No

- If yes, **submit** a court approved corrective plan of action.
☐ Yes ☐ No

24. Will the Applicant use a subcontractor(s) to provide services? If “yes”, submit the following information about each subcontractor: subcontractor company name; subcontractor Federal Employer Identification Number (FEIN) or Social Security Number (SSN); subcontractor contact name; and direct service(s) provided by the subcontractor. (*Also Electronic*)

☐ Yes ☐ No

25. In accordance with A.R.S. §§35-391 and 35-393, does the Applicant certify that the applicant does not have scrutinized business operations in Sudan or Iran?

☐ Yes ☐ No

26. By entering into the Qualified Vendor Agreement does the Applicant warrant compliance with the Federal Immigration and Nationality Act (FINA) and all other federal immigration laws and regulations related to the immigration status of its employees?

☐ Yes ☐ No

- If yes, the Applicant shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Division upon request. These warranties shall remain in effect through the term of the Qualified Vendor Agreement. The Applicant and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the U.S. Department of Labor's Immigration and Control Act, for all employees performing work under the qualified vendor agreement. I-9 forms are available for download at www.USCIS.gov.

☐ Yes ☐ No

- The State may request verification of compliance for any qualified vendor or subcontractor performing work under the Qualified Vendor Agreement. Should the State suspect or find that the Applicant or any of its subcontractors are not in compliance the State may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the agreement by default, and suspension and /or debarment of the Applicant. All costs necessary to verify compliance are the responsibility of the Applicant. Does the Applicant understand this potential exclusion and has the documentation been submitted?

☐ Yes ☐ No

27. Does the Applicant certify that background checks through the Central Registry shall be conducted for each existing employee, including subcontractors, who provide direct services to children or vulnerable adults? Applicant certifies that background checks for each subsequent employee and subcontractor will be done as required by law, regulation, and contract. Applicant may utilize Attachment 9.G to this RFQVA for this purpose.

☐ Yes ☐ No

28. Does the Applicant certify that individuals shall not provide direct services to ADES clients until the results of the Central Registry background check are complete and the results indicate the individual has no disqualifying acts that would prohibit him/her from providing services to ADES clients? If the Central Registry background check specifies any disqualifying act, the individual shall be prohibited from providing direct services to ADES clients.

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☐ Yes ☐ No

29. Does the Applicant warrant compliance with all Federal immigration laws and regulations relating to employees and warrant its compliance with Section A.R.S. § 23-214, subsection A? (That subsection reads: “After December 31, 2007, every employer, after hiring an employee, shall verify the employment eligibility of the employee through the E-Verify program.”)

☐ Yes ☐ No

30. Does the Applicant certify that for the service of Vendor Supported Developmental Home the Applicant shall insure the three way agreement with the subcontractor, the Applicant and the Division is completed and maintained on file and available for inspection by the Division and/or the Department?

☐ Yes ☐ No ☐ N/A

31. Is the hardcopy of the Qualified Vendor Application package a true copy of the information submitted in electronic form to the Division website and does it contain all required attachments? (*Also Electronic*)

☐ Yes ☐ No

I have the authority and/or responsibility to submit this Application and to act as a representative of the Applicant in all phases of the Application process.

The information provided in the Application, including information entered into the Qualified Vendor Application and Directory System and any attachments, is true, correct and accurate to the best of my knowledge. I understand that any false statements may disqualify this Application from further consideration or be cause for Agreement termination.

I agree to notify the Division of Developmental Disabilities within 10 (ten) business days of any changes to the information provided in this Application.

Authorized Signature

Date

Federal Employer Identification Number

FAILURE TO COMPLETE, SIGN, SUBMIT, AND UPDATE AS NECESSARY THIS FORM MAY BE CAUSE FOR REJECTION OR AGREEMENT TERMINATION.

DES/DDD may contact any source available to verify the information submitted in the Application and may use this information and any additional information obtained from

the source(s) in evaluating the Application.